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Bib Data Sheet

CONFIRMATION NO. 8870

SERIAL NUMBER 10/651,528	FILING DATE 08/29/2003  RULE	CLASS 424	GROUP ART UNIT 1655	ATTORNEY DOCKET NO. 14567-010001
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APPLICANTS

Kristin Monday, Incline Village, NV;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 11/19/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NV	SHEETS DRAWING 0	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 2
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Verified and Acknowledged  
 Examiner's Signature: *[Signature]* Initials: *[Initials]*

ADDRESS

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TITLE

Methods and compositions to aid breast enhancement

FILING FEE  RECEIVED 440	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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